

# Exhibitor Registration Form

Name of Conference: **Hot Topics in Neonatology®**  
Exhibit Coordinator: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Exhibit Dates: **Monday, December 6 through Wednesday, December 8, 2021**  
Exhibit Set up: **Between noon and 3:00 pm on Sunday, December 5, 2021**  
Exhibit Hours: **December 6, 7 am-5:15 pm | December 7, 7 am-5:30pm | December 8, 7 am - 12:45 pm**  
Booth Fees: (circle one) **In-Person \$5,000 | \$2,500 Non-Profit**      **Virtual \$1,500 | \$1,000 Non-Profit**  
Exhibit Breakdown: **Exhibit must be cleared by 1:00 pm on Wednesday, December 8, 2021**

Please print name and email address of individuals attending below. Individual email addresses are required for every representative attending. To register additional representatives, please email Ivy Gato-Gomez | [ivy.gato-gomez@nemours.org](mailto:ivy.gato-gomez@nemours.org)

**In Person Representatives:**

|              |              |
|--------------|--------------|
| Name: _____  | Email: _____ |
| Name: _____  | Email: _____ |
| Name : _____ | Email: _____ |

**Virtual Representatives:**

|              |               |
|--------------|---------------|
| Name: _____  | Email: _____  |
| Name: _____  | Email: _____  |
| Name : _____ | Email : _____ |

**Cancellation Policy:** This agreement may be cancelled no later than November 5, 2021 without penalty upon giving written notice to [Ivy.Gato-Gomez@Nemours.org](mailto:Ivy.Gato-Gomez@Nemours.org). Cancellation after this date will result in forfeit of the exhibitor's fee.

Exhibitor's Fee Due: \_\_\_\_\_

Payment may be made by VISA, MasterCard, American Express or Discover.

Credit Card #: \_\_\_\_\_ CVN#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address : \_\_\_\_\_  
(address associated with credit card)

Signature: \_\_\_\_\_

Please sign this sheet and return via email to [ivy.gato-gomez@nemours.org](mailto:ivy.gato-gomez@nemours.org)

\_\_\_\_\_  
(Exhibitor's Signature and Date)

|                                    |       |
|------------------------------------|-------|
| <b>Space for Use by CME Office</b> |       |
| Amount Due                         | _____ |
| Date Received                      | _____ |
| Total Paid                         | _____ |

**Questions:** If you have questions, please contact Ivy Gato-Gomez at [ivy.gato-gomez@nemours.org](mailto:ivy.gato-gomez@nemours.org) or call @ 407-414-2679

**Hot Topics in Neonatology®**